

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11398

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 mo.
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 1 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Carroll
 City or town Deton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war. _____ ✓

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Clara Fogle
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1875

8. AGE: Years 73 Months 8 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Liberty town Fred. Co. Md.
 (City or town, county, and state)

10. Usual occupation Laborer

11. Industry or business Retired

12. Name Edward Albough

13. Birthplace Maryland

14. Maiden name Lucy Hunker

15. Birthplace Maryland

16. Informant Mrs. Gladys Mayhoff

Address Deton, Md.

17. Burial Date thereof Nov. 29, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Fairmount

Location Liberty town Md.

18. Funeral director Roller, Hartzler

Address 2 Woodsboro, Md.

19. 29 Nov 19 48 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 19 48 at 1:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 19 48 to Nov. 26 19 48 and that I last saw him alive on Nov. 26 19 48

Immediate cause of death Coronary thrombosis

DURATION

14 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hunsay M.D. M. D. or other

Address Frederick Md. Date signed Nov. 30, 48

RECEIVED

DEC 3 1948

BUREAU V. S.

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11399

FILM No. G 118 NOV 18 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

State Highway #240, near Urbana

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Ijamsville-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Urbana
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

HARRY CLIFTON ANDERSON

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Mary Frances McElfresh
6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) September 2, 1874 1877

8. AGE: Years 71 Months 2 Days 8 If less than one day
.....hrs.min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Thomas A. Anderson

13. Birthplace Frederick County Maryland

14. Maiden name Emma S. Bopst

15. Birthplace Frederick County Maryland

16. Informant Clifford E. Anderson

Address Hyattstown, Maryland

17. Burial Burial Date thereof 11/12/48

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Hyattstown, Maryland

18. Funeral director W. L. Burdette

Address Hyattstown, Maryland

19. 12 Nov 19 48 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10, 1948 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from never 19..... to 19.....

and that I last saw him alive on 10 Nov. 19 48

Immediate cause of death Fractured skull,

multiple fractures including

comp. & comm. fractures of

tibia & fibula

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10 Nov. '48

Where did injury occur US 240 near Urbana Frederick, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. 240

Means of injury Auto accident Injured at work? No.

23. SIGNATURE Charles A. Conley Jr. M. D.

Asst. Deputy Medical Examiner

Frederick, Maryland Date signed 11-10-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV 15 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 132 West Church Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES EDGAR BARTGIS, SR.

3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife Minnie E. Speaks Bartgis7. Birth date of deceased (mo., day, yr.) December 1, 1883
6.(c) If alive, give age _____ years8. AGE: Years 64 Months 11 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Frederick, Maryland
(Town, county, and state)10. Usual occupation Salesman11. Industry or business Singer Sewing Machine Co.12. Name James E. Bartgis13. Birthplace Middletown, Maryland14. Maiden name Emma Jones15. Birthplace Graceham, Maryland16. Informant Mr. James Edgar Bartgis, Jr.Address Frederick, Maryland17. Burial Date thereof November 13, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 13 Nov 1948 Elizabeth G. Hahn
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13th 1948 at 1:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 25 1948, to Nov 13 1948
and that I last saw him alive on Nov. 12 1948Immediate cause of death Gas Gangrene DURATION 2 daysDue to Infection in Amputation
Stump of leg 4 daysDue to Diabetic Mellitus &
Arteriosclerosis several years

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Surgery of foot
Arteriosclerosis Date of op. Nov 10Autopsy results 0

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank H. Worthington M. D. or other Nov 13-48
Frederick - Md Address _____ Date signed _____

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NOV 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

128

11401

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Middletown Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ruby May Bowles

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1900

8. AGE: Years 48 Months 9 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown Fredk. Co. Md.
(Town, county, and state)10. Usual occupation housekeeper

11. Industry or business

12. Name Daniel Bowles
 13. Birthplace Middletown Md.

14. Maiden name Laura E. Witmer
 15. Birthplace Middletown, Md.

16. Informant Mrs. Frank Day
 Address Braddock, Md.

17. Burial Date thereof Nov. 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery
 Location Middletown, Md.

18. Funeral director Gladhill Co.
 Address Middletown, Md.

19. November 10, 1948 Marie Gladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1948 at 9:40 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 1948 to Nov 6 1948and that I last saw her alive on Nov 6 1948
 Immediate cause of death _____

DURATION

Due to Probable pancreatic
Cyst.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE J E Harp MdAddress Middletown Date signed 11-8-48

CERTIFICATE OF DEATH

STATE OF MARYLAND

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NOV 16 1948

BUREAU V. S.

RECEIVED NOV 16 1948 BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

11402

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Year

Hospital, institution, or street address where death occurred:
Yellow Springs

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Yellow Springs
 (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

NORMAN DAY BOYER

3. (b) Social Security Number

214-10-2763

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of ~~husband~~ or wife Mamie C. Watkins6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) December 2, 1885

8. AGE: Years 62 Months 11 Days 1 If less than one day
 hrs. min.

9. Birthplace Kemtown-Frederick-Maryland
(Town, county, and state)10. Usual occupation Service Station Employee11. Industry or business Gulf Service Station12. Name William B. Boyer13. Birthplace Frederick County Maryland14. Maiden name Elizabeth Jane Warfield15. Birthplace Frederick County Maryland16. Informant Mrs. Mamie C. BoyerAddress R.F.D.#3, Frederick, Maryland17. Burial Date thereof 11/6/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethesda Methodist CemeteryLocation Near Browningsville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 5 Nov 1948 Elizabeth G. Heck

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3, 1948 at 3:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov 3 1948 to Nov 3 1948
 and that I last saw him alive on Nov 3 1948

Immediate cause of death Cerebral hemorrhage DURATION 9 hrs

Due to Hypertension Year +
 Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

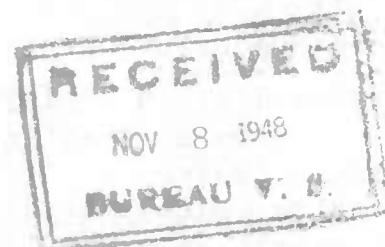
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bothman M. D.Frederick, Maryland Date signed 11-5-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11403
137

1. PLACE OF DEATH:

County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Libertytown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

WILLIAM HARRY BROWN

3. (b) Social Security Number

4. Sex M. 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Margaret A. Brooks
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Jan. 10, 1879
 8. AGE: Years 69 Months 10 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Libertytown, Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Day work

12. Name Benjamin Brown

13. Birthplace Md.

14. Maiden name Unknown

15. Birthplace _____

16. Informant Miss Rachel Brown

Address Libertytown, Md.

17. Burial Yes Date thereof Apr. 17, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory John Wesley's

Location Libertytown, Md.

18. Funeral director Burwell & Hartzler

Address 2 Woodsboro, Md.

19. Mar 17 1948 Dr. D. Carpenter
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 NOVEMBER 1948 at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 19____ to 19____
 and that I last saw him dead on 14 NOVEMBER 1948

Immediate cause of death CONGESTIVE HEART FAILURE
Hypertensive heart disease (from history)
 Due to _____
 Due to _____

DURATION

1 Hr. (?)
3-4 yrs.

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Coley, M.D.
and Dep. Med. Examiner M. D. or other
 Address Frederick, Md. Date signed 11/14/48

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NOV 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, institution, or street address where death occurred:
206 - 9th Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 206 Ninth Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

William Henry Chaney

3. (b) Social Security Number

705-10-0004

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Eva A. Taylor Chaney
6.(c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) Aug. 20, 1872
8. AGE: Years 76 Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Plane No. 4 Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Retired B+O.R.R. Fireman

11. Industry or business

12. Name Richard E. Chaney

13. Birthplace Plane No. 4 Frederick Co. Md.

14. Maiden name Evelyn R. Smith

15. Birthplace Plane No. 4 Frederick Co. Md.

16. Informant Mrs. Eva A. Chaney

Address 206-9th Ave, Brunswick, Md.

17. Burial Date thereof Dec. 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Marvin Chapel

Location Plane No. 4 Frederick Co. Md.

19. Funeral director Jesse S. Bailey

Address 320 W. Potomac St, Brunswick, Md.

19. 12-1-48 19 Eugenia M. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November - 28 19 48 at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 7 19 48 to Nov. - 28 19 48 and that I last saw him alive on Nov. - 28 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 2 days

Due to Cerebral Hemorrhage 2 hrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.B. Carpenter M. D. or other

Address Huntersville - Va. Date signed 11/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH: *Frederick*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
Md
 State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME
Orrie Lana Cline

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*
 6. (b) Name of husband or wife *Lissie Cline*
 7. Birth date of deceased (mo., day, yr.) *July 7-1876* 8. (c) If alive, give age..... years
 8. AGE: Years *72* Months *7* Days *11* If less than one day..... hrs. min.

9. Birthplace *Frederick Co Md*
 (Town, county, and state)
 10. Usual occupation *Railroad Trackman*

11. Industry or business
 12. Name *George W Cline*
 13. Birthplace *Frederick Co Md*

14. Maiden name *Hattie Dorsey*
 15. Birthplace *Frederick Co Md*

16. Informant *Norman E Cline (Son)*
 Address *Mt Airy Md*

17. *Burial* Date thereof *11-19-1948*
 (Burial, cremation or somewhat, which?) (month) (day) (year)

Cemetery or crematory *Piney Grove*
 Location *Mt Airy Md*

18. Funeral director *W E Tolson*
 Address *New Market Md*

19. *Nov. 18 48* *Clarence A. Runkles*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Nov 17 1948* at *7:30 p* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *near* 19 *30* to *Nov 17 1948*
 and that I last saw him alive on *Nov 17 1948*

Immediate cause of death *Acute Pulmonary Edema*
 DURATION

Due to *Chronic Myocarditis and Diabetic Mellitus* 20 yrs

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE *Oym Hau Page*
 Address *Mt Airy Md* M. D. or other
 Date signed *11-18-*

RECEIVED

NOV 20 1948

BUREAU T. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? 8 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 210 Magnolia Avenue
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

MARY DAVIS FOGLE CORNPROPST, Mary Davis Fogle

3. (b) Social Security Number

None4. Sex F 5. Color or race White 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Harry E. Cornpropst7. Birth date of deceased (mo., day, yr.) July 27, 19128. (c) If alive, give age 42 years8. AGE: Years 36 Months 3 Days 20 If less than one day8. AGE: 36 3 20 hrs. min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation School Teacher

11. Industry or business

12. Name Oscar M. Fogle13. Birthplace Frederick County, Maryland14. Maiden name Clara L. Davis15. Birthplace Frederick County, Maryland16. Informant Mr. Harry E. CornpropstAddress 210 Magnolia Ave., Fredk. Md.17. Burial Burial Date thereof November 18, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director G.E. Cline & SonAddress Frederick, Maryland19. 18 Nov 1948 Elizabeth G. Hook
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1948 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1 1948 to Nov 16 1948and that I last saw him alive on Nov 16 1948

Immediate cause of death

General Carcinomatosis

Due to

Due to

Other conditions Carcinoma Stomach - Pericete

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE EP ThomasAddress Frederick, MdDate signed Nov 17, 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 19 1948

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County... FREDERICK
 City or town... RURAL - NR. MYERSVILLE
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Transient
 Hospital, institution, or street address where death occurred:
U.S. 40-A
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MARYLAND County... CARROLL
 City or town... WESTMINSTER
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 57 LIBERTY ST
 (If rural, give LOCATION)
 2(a) If veteran, name war...

3. (a) FULL NAME

WILLIAM SHIPLEY DAVIS

3. (b) Social Security Number

216-22-8663

4. Sex... MALE 5. Color or race... WHITE 6. (a) Single, married, widowed, or divorced... SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)... March 7, 1930 6. (c) If alive, give age... years

8. AGE: Years... 18 Months... 8 Days... 8 If less than one day... hrs. min.

9. Birthplace... BIRD HILL CARROLL CO. MD.
 (Town, county, and state)

10. Usual occupation... TRUCK DRIVER

11. Industry or business

12. Name... WILLIAM HARRISON DAVIS

13. Birthplace... CARROLL CO. MD.

14. Maiden name... ETHEL MAE SHIPLEY

15. Birthplace... CARROLL CO. MD.

16. Informant... MRS. W. H. DAVIS

Address... WESTMINSTER, MD.

17. BURIAL Date thereof... Nov 18 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... ZION METHODIST CEMETERY

Location... NEAR WESTMINSTER, MD.

18. Funeral director... J. FRANCIS REESE

Address... WESTMINSTER, MD.

19. 16 Nov 19 48 Edgar Bitt
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 15 NOVEMBER 19 48 at 3:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

NEVER 19 48 and that I last saw h. dead on 15 Nov. 19 48

Immediate cause of death... PENETRATING WOUNDS

OF HEART, RIGHT AND LEFT

LUNGS

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... ACCIDENT Date of 15 Nov. 1948

Where did injury occur? U.S. 40-A, FREDERICK, Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) U.S. 40-A

Means of injury AUTO ACCIDENT Injured at work? YES

23. SIGNATURE... Charles H. Coulter, M.D.

Asst. Sup. Med. Exam. M. D. or other

Address... FREDERICK, MD. Date signed 11/15/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11408

1. PLACE OF DEATH:

County Frederick
City or town Maryland Tuberculosis Sanatorium
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 11/1/48
Hospital, institution, or street address where death occurred:
Maryland State Sanatorium
How long in hospital or institution? Since 11/1/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert
City or town Broomes Island
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Melvin Denton

3. (b) Social Security Number
710-09-5288

4. Sex Male 5. Color or race White 6. (a) Single, married, or divorced Married

6. (b) Name of husband or wife Mrs. Florence Denton
7. Birth date of deceased (mo., day, yr.) March 23, 1902 6. (c) If alive, give age 40 years

8. AGE: Years 46 Months 8 Days 0 It less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Horace Denton

13. Birthplace Maryland

14. Maiden name Emma Elliott

15. Birthplace Maryland

16. Informant Patient

Address _____

17. Burial Date thereof Nov. 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Waters Memorial Cemetery

Location Island Creek Calvert Co. Md.

18. Funeral director Robert H. Harkness

Address Mutual, Md.

19. (Date rec'd by registrar) 19 _____ Registrar R. W. Ballin

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1948 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1, 1948 to Nov. 23, 1948 and that I last saw him alive on November 23, 1948

Immediate cause of death Carcinoma of the lungs DURATION 4 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE R. W. Ballin M. D. X

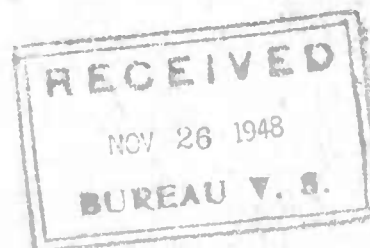
Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11409

Reg. Dist. No. 144

1. PLACE OF DEATH:
County Frederick
City or town Rural, m. Shumant
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Rural, m. Shumant
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Bettie Strine Eicholtz

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Anderson N. Eicholtz
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 13, 1871
8. AGE: Years 77 Months - Days 14 If less than one day hrs. min.

9. Birthplace m. Woodboro, Fred. Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John W. Strine
13. Birthplace Frederick Co.

14. Maiden name Mary Miller
15. Birthplace Frederick Co.

16. Informant Mrs. Ada M. Hoffman
Address Shumant, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Nov. 30, 1948
(month) (day) (year)

Cemetery or crematory Mt. Hope
Location Woodboro, Md.

18. Funeral director G.C. Barton
Address Whekersville, Md.

19. Nov. 29, 1948 Blanche S. Eyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27, 1948 at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15 1948 to Nov. 27 1948
and that I last saw her alive on Oct. 15 1948

Immediate cause of death Heart disease, organic, mitral
valvular insufficiency
Due to
Due to

DURATION

3 yrs.

Other conditions Post-paralytic general
enfeeblement
(Include pregnancy within 3 months of death)

5 yrs

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James T. Gay M.D.
Address Shumant - Md. M. D. or other
Date signed 1/28/49

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11410

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
City or town Le Gore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 22 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Frederick
City or town Le Gore
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME

Clyde Paul Lee Exler

3. (b) Social Security Number

213-10-2084

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Glova Mae Stitley
6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1899

8. AGE: Years 49 Months 0 Days 29 It less than one day — hrs. — min.

9. Birthplace Woodsboro, Fredk Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Line Plant

12. Name Park Exler

13. Birthplace Frederick Co. Md.

14. Maiden name Emma S. Beard

15. Birthplace Frederick Co. Md.

16. Informant Mrs. Clyde P. Exler

Address Le Gore, Md.

17. Burial, cremation, or removal, which? Burial Date thereof Nov. 25, 1948
(month) (day) (year)

Cemetery or crematory Rocky Hill

Location near Woodsboro Md.

18. Funeral director Buell & Hartzer

Address Woodsboro, Md.

19. Nov. 23 19 48 L.C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 19 48 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — to —

and that I last saw him alive on Nov 22 19 48

Immediate cause of death Crushing injury to chest

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11.22.48

Where did injury occur? Le Gore, Frederick Co. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Le Gore, Md.

Means of injury Caught in belt Injured at work? yes

Signature Proctor Deputy med. ex. —

23. SIGNATURE Frederick Md. M. D. or other —

Address — Date signed 11.22.48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 2 1948

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **131**

11411

186a

1. PLACE OF DEATH:

County **Frederick**City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

I. O. O. F. HomeHow long in hospital or institution? **Since June 15, 1929**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Frederick**City or town **Frederick**
(If outside city or town limits, write RURAL and give nearest town)Street No. **I. O. O. F. Home**

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ANNIE CHRISTINA FIELDING

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

James W. Fielding

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) **August 15, 1856**

8. AGE:

Years

Months

Days

If less than one day

92**2****19**

hrs.

min.

9. Birthplace **Frederick-Frederick-Maryland**
(Town, county, and state)10. Usual occupation **None**

11. Industry or business

12. Name **John C. Babel**13. Birthplace **Germany**14. Maiden name **Annie C. Allen**15. Birthplace **Germany**16. Informant **I. O. O. F. Home Records**Address **Frederick, Maryland**17. **Burial** Date thereof **11/6/48**

(Burial, cremation, or removal, whichever)

Cemetery or crematory **Mount Olivet Cemetery**Location **Frederick, Maryland**18. Funeral director **M. R. Etchison and Son**Address **Frederick, Maryland**19. **5 Nov.** 19 **48**
(Date rec'd by registrar)**Elizabeth H. Heck**
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **November 4, 1948** at **11:50A**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 28, 1948 to **Oct. 4, 1948**and that I last saw him alive on **Oct. 4, 1948**Immediate cause of death **Fractured hip**

DURATION

6 daysDue to **Oedema of lungs****2 days**

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **Accident** Date of **10/28/48**Where did injury occur? **Frederick** (City or town) **md** (State)Injured at home, farm, industry, public place (where?) **I. O. O. F. Home**Means of injury **Fall (11/23/48)** Injured at work?

23. SIGNATURE

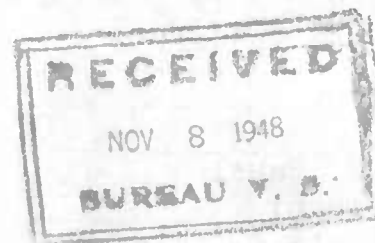
Frederick, Maryland

M. D.

M. D. or other

Address **Frederick, Maryland** Date signed **11-5-48**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

11412

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:
708 N. Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Linwood
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mrs Laura Link

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Arkansas Link

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1870

8. AGE: Years 78 Months 1 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Carroll County Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business own home

12. Name Tobias Reid

13. Birthplace md.

14. Maiden name Mary Crabbe

15. Birthplace md.

16. Informant Mrs Charles Rounton

Address Linwood, Md.

17. Burial Reformed Cemetery Date thereof Nov 10, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Linwood, Md.

Location C.O. Fuss

18. Funeral director Linwood, Md.

Address Linwood, Md.

19. 7 Nov 1948 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 19 48 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 24 19 48 to Nov. 7 19 48 and that I last saw ex alive on Nov. 6 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 10 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard J. Thomas Jr. M.D. M.D. or other _____

Address Frederick, Md. Date signed Nov 7, 1948

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U. S. DEPARTMENT OF HEALTH

NATIONAL BUREAU OF HEALTH

REPORT OF DEATH

RECEIVED

NOV 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11413

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
457-A West South Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 457-A West South Street
 (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

MARIE ELIZABETH FLAIR

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife William C. Flair

7. Birth date of deceased (mo., day, yr.) December 6, 1897 6. (c) If alive, give age 55 years

8. AGE: Years 50 Months 11 Days 23 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business David Bruchey

12. Name Frederick County Maryland

13. Birthplace Elizabeth Hahn

14. Maiden name Frederick County Maryland

15. Birthplace William C. Flair

16. Informant 457-A W. South St., Frederick, Md.

17. Burial 12/2/48
 (Burial, cremation, or removal of remains) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 1-Dec 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1948 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1948 to Nov. 29 1948
 and that I last saw him alive on Nov. 29 1948

Immediate cause of death Pneumonia
Heart Disease with
mitral stenosis
and aortic stenosis

DURATION
15 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

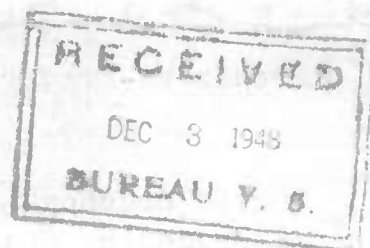
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodward M. D.

Frederick, Maryland M. D. or other

11-30-48 Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or other address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 6 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 317 E. 2nd St.
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Myrtle Elizabeth Llook

3. (b) Social Security Number

none

4. Sex

female

5. Color of race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.) Mar. 17, 1898

8. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

50813hrs.min.9. Birthplace Middletown, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housekeeper

11. Industry or business

12. Name Charles W. Llook13. Birthplace Myersville, Md.14. Maiden name Ella Humes15. Birthplace Myersville, Md.16. Informant Mrs. Ella Humes LlookAddress 317 E. 2nd St., Frederick, Md.17. Burial Date thereof Dec. 4, 1948
(If burial, cremation, or removal, Which? (month) (day) (year))Cemetery or crematory Lutheran CemeteryLocation Middletown, Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. 2 Dec 1948 Elizabeth G. Herb
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1948 at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 4 1946 to Nov 30 1948and that I last saw him alive on November 30 1948

Immediate cause of death

Carcinoma of Cervix
uteri

DURATION

2 3/4 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Bioopsy April 16, 1948carcinoma of cervix Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

J. D. Scherlockman M.D.
Address 542 W. 1st Frederick Date signed 12/2/48

RECEIVED

DEC 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11415

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 years
 Hospital, institution or street address where death occurred:
20 South Delaware Ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 20 South Delaware Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Etta Sue Frazier

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Clifton C. Frazier
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Oct. 12 1870

8. AGE: Years 78 Months 1 Days 12 It less than one day..... hrs. min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Lori Porter

13. Birthplace Maryland

14. Maiden name Mary Delaney

15. Birthplace Maryland

16. Informant Mrs. W. P. McQuemys

Address Brunswick Md

17. Rural Date thereof Apr. 26 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Greenwood

Location Shepherdstown W Va

18. Funeral director C. H. Felt & Bro

Address Brunswick Maryland

19. Nov 26 48 Kathryn H. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1948 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 43 to Nov 24 1948

and that I last saw him alive on Nov 23 1948

Immediate cause of death..... DURATION 5 yr

Arteriosclerosis

Due to.....

Due to.....

Other conditions Arteriosclerosis & heart 1 yr

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Address Brunswick Md Date signed 11/24/48

RECEIVED

DEC 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age in especially important places. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Rural n. Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md. County Frederick
 City or town Rural n. Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Calvin Harrison Hamilton

3. (b) Social Security Number

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced married
 8. AGE: Years 69 Months 10 Days 14 If less than one day _____ hrs. _____ min.
 7. Birth date of deceased (mo., day, yr.) Jan. 4, 1879
 6.(c) If alive, give age 69 years
 10. Usual occupation Farmer
 11. Industry or business _____

9. Birthplace Frederick Co.
 (Town, county, and state)
 12. Name John H. Hamilton
 13. Birthplace Frederick Co.
 14. Maiden name Georgianna Lare
 15. Birthplace Frederick Co.
 16. Informant Mrs. Cora J. Hamilton
 Address Walkersville, md.
 17. Burial Date thereof Nov. 21, 1948
 (Burial, cremation, or otherwise) (month) (day) (year)
 Cemetery or crematory mt. Olivet
 Location Frederick, md.
 18. Funeral director G. O. Barton
 Address Walkersville, md.
 19. 19 Nov 19 48 Elizabeth G. Hack
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 19 48 at 11:30 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 19 48 to Nov 18 19 48
 and that I last saw him alive on Nov 18, 48
 Immediate cause of death apoplexy

DURATION

Due to _____
 Due to _____
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE E. J. Easterday
Walkersville, Md. M. D. or other _____
 Address _____ Date signed _____

RECEIVED

NOV 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 11417
 131
 Reg. Diat. No.

1. PLACE OF DEATH:

County Frederick
 City or town Rural Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Rural Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

James Donald Hildebrand

3. (b) Social Security Number

578-03-5213

4. Sex male 5. Color or race white 6. (a) single, married, widowed, or divorced

6. (b) Name of husband or wife Beulah
Hildebrand 6. (c) If alive, give age 37 years
 7. Birth date of deceased (mo., day, yr.) June 3 1908

8. AGE: Years 40 Months 5 Days 19 If less than one day
 hrs. _____ min. _____

9. Birthplace Frederick Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation farmer and

11. Industry or business milk plant employee

12. Name George H. Hildebrand
 13. Birthplace Frederick, Md.

14. Maiden name Hattie R. Shaw

15. Birthplace Martinsburg W. Va.

16. Informant Mrs. Beulah Hildebrand
 Address Frederick, Md.

17. Burial Date thereof Nov 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Douby Cemetery
 Location Frederick, Md.

18. Funeral director Shadhill Co.
 Address Middletown, Md.

19. Nov 25 19 48 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 19 48 at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 18 19 47, to Nov 22 19 48
 and that I last saw him alive on Oct 22 19 48

Immediate cause of death Carcinoma Stomach
with Metastases
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations Carcinoma Stomach
 Date of op. Oct 1947

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp M.D. or other
 Address Middletown Date signed 11-24-48

RECEIVED

NOV 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Federick Memorial HospitalHow long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town new liberty town
 (If outside city or town limits, write RURAL and give nearest town)

Street No. P. F. L. Union Bridge
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Clinton Eutah Holtzopfe

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widower6. (b) Name of husband or wife Jetina Mary Lease

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1884

8. AGE: Years 64 Months 4 Days 19 hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name John D. Holtzopfe13. Birthplace Frederick Co. Md.14. Maiden name Anna M. Long15. Birthplace Frederick Co. Md.16. Informant Mrs. Mary P. BeaverAddress Union Bridge P. F. L.17. Burial Date thereof Nov. 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory FairmountLocation Liberty town Md18. Funeral director Burke & HartzlerAddress 2 Woodsboro, Md.19. 10 Nov 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 19 48, at 34 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1 19 48, to Nov 10 19 48and that I last saw him alive on Nov 10 19 48

Immediate cause of death

DURATION

Carcinoma of Bowel

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Reoperable Carcinomaof Bowel Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

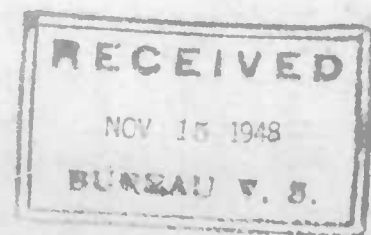
Means of injury Injured at work?

23. SIGNATURE E. P. Thomas M. D. or otherAddress Frederick Md Date signed Nov 10 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for addition
of age and birth
date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11419

83a

FILM No. G 118 NOV 12 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Monrovia - Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Bartholows
(If rural, give LOCATION)
2.(a) if veteran, name war None

3. (a) FULL NAME
EDITH OREM HOPKINS

3. (b) Social Security Number
None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife William E. Hopkins
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown 1-31-1878
8. AGE: Years 70 Months 2 Days If less than one day hrs. min.

9. Birthplace Montgomery County Maryland
(Town, county, and state)
10. Usual occupation At Home

11. Industry or business
12. Name Ned Orem
13. Birthplace Montgomery County Maryland
14. Maiden name Biza (last name unknown)
15. Birthplace Montgomery County Maryland
16. Informant William E. Hopkins

Address R. F. D. #1, Monrovia, Maryland
17. Burial Burial Date thereof 11/8/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Friendship Cemetery
Location Near Damascus, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 8 Nov 1948 Elizabeth G Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1948 at 11:45AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29 1948 to Nov. 5 1948
and that I last saw him alive on Nov. 5 1948

Immediate cause of death DURATION

Due to Cerebral Hemorrhage

Due to Arteriosclerosis

Other conditions Gravida

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M. D.

Frederick, Maryland M. D. or other
Date signed 11-6-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11420

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 Years
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 12 East South Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

JANIE E. HOUCK

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
Married
 6. (b) Name of husband or wife William H. Houck
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) February 12, 1895
 8. AGE: Years 53 Months 8 Days 28 If less than one day
hrs. min.

9. Birthplace Baltimore, Baltimore County, Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Benjamin Franklin Pearl
 13. Birthplace Baltimore, Maryland
 MOTHER 14. Maiden name Emma Virginia Jenkins
 15. Birthplace Unknown

16. Informant Mr. William H. Houck
 Address 12 E. South St., Frederick, Md.
 17. Burial Date thereof November 11, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 11 Nov 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9th 19 48 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
Nov. 1 19 48 to Nov. 9 19 48
 and that I last saw her alive on Nov. 8 19 48

Immediate cause of death Intestinal Obstruction DURATION 9 days

Due to Intestinal Adhesions 6 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation Adhesion of ileum to vaginal vault,
& torsion & obstruction Date of op. Nov. 2

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W. Horthington M. D. or other

Address Frederick, Md Date signed Nov. 10, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11421

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Rural Jefferson
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Rural Jefferson
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) no
 2.(a) If veteran, same war _____

3. (a) FULL NAME

Howard M. Huffer

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

8. (b) Name of husband or wife

Emma Schildreicht8. (c) If alive, give age 84 years

7. Birth date of

deceased (mo., day, yr.)

Nov. 5, 1859

8. AGE:

89

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Middletown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

FATHER

12. Name

David Huffer

13. Birthplace

Middletown, Md.

MOTHER

14. Maiden name

Anna Ahalt

15. Birthplace

Middletown, Md.

16. Informant

Mrs. Emma Huffer

Address

Jefferson, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 8, 1948
(month) (day) (year)

Cemetery or crematory

Frederick Memorial Church

Location

Frederick, Md.

18. Funeral director

Bladwell C.

Address

Middletown Md.

19. Received

November 18, 1948
(Date rec'd by registrar)Marie Glodhill

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 519 48 at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 4 1948 to Nov 5 1948
 and that I last saw him alive on Nov 4 1948

Immediate cause of death

Malnutrition - Cystitis
Bronchitis

DURATION

2 wks

Due to

Advanced cerebral
arterio sclerosis3 yrs

Other conditions

Senility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

C. F. Brice
Jefferson Md
 Address _____ Date signed 11/7/48

M. D. or other

CERTIFICATE OF DEATH

STATE OF MARYLAND

RECEIVED

NOV 16 1948

BUREAU V. S.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State of Maryland, this 16th day of November, 1948.

AS WIT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13122

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

20 Market Space

(If rural, give LOCATION)

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 20 Market Space

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

CLAUDIA V. NUSZ KIMMEL

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced— <u>M</u>
--------------------	------------------------------	---

6. (b) Name of husband or wife L. F. Kimmel6. (c) If alive, give age 79 years7. Birth date of deceased (mo., day, yr.) September 3, 1967

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>23</u>	hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home11. Industry or business Frederick Nusz12. Name Frederick County Maryland13. Birthplace Rachel Ricketts14. Maiden name Frederick County Maryland15. Birthplace L. F. Kimmel16. Informant 20 Market Space, Frederick, Md.Address Burial17. 11/29/48 Date thereof (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 29 Nov 1948 Date rec'd by registrar Elizabeth S. Hoch Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 48 at 10:08 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4819 47 to Nov 26 19 48and that I last saw her alive on November 26 19 48

Immediate cause of death

Myocardial InfarctionRenal Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

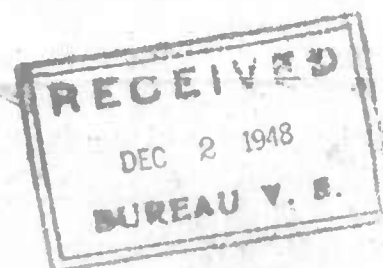
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. CalkinsM. D. or other Frederick, Md.Address Frederick, Md. Date signed 11/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick- Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 Emergency Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 112 South Market Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

Annie Clara Knodle

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Benton C. Knodle
 7. Birth date of deceased (mo., day, yr.) October 28- 1865
 8. AGE: Years 83 Months 0 Days 23
 6. (c) If alive, give age... years
 ... hrs. ... min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation Housekeeper
 11. Industry or business Home
 12. Name Edward H. Humble
 13. Birthplace Pennsylvania
 14. Maiden name Rebecca Renner
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Mary Dove- Sister
 Address Frederick, Maryland

17. Burial Date thereof Nov. 23-1948
 (Burial, cremation, or removal- Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

19. Funeral director C.E. Cline and Son
 Address Frederick, Maryland

19. 22 Nov 1948
 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20th, 1948 at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 21st 1948 to Nov. 20th 1948
 and that I last saw her alive on November 20th, 1948

Immediate cause of death Chronic Myocarditis

DURATION
 2 mos.
 period
 of years

Due to Arteriosclerosis
 with senile degeneration

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

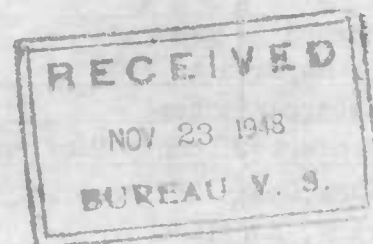
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley, M.D.
 Address Frederick, Md. Date signed 11/20/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Thurmont, Md.
 (If outside city or town limits, write RURAL and give nearest town)
Life
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Thurmont, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Estele Kreitz

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Robert N. Kreitz
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) June 17, 1879
 8. AGE: Years 69 Months 3 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Westminster, Carrol Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Theodore E. Cook
 13. Birthplace Westminster, Md.

14. Maiden name Frances S. Boyle
 15. Birthplace Frederick, Md.

16. Informant Francis J. Kreitz
 Address Emmitsburg, Md.

17. Burial Date thereof Nov. 8, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Joseph Catholic Cemetery
 Location Emmitsburg, Frederick Co. Md.

18. Funeral director A. L. Allison
 Address Emmitsburg, Maryland.

19. Nov. 6, 1948 Wm. S. Papp Jr. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1948 at 12:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 29, 1948 to November 6, 1948
 and that I last saw him alive on November 5, 1948

Immediate cause of death metastatic epithelioma of brain
Epithelioma of scalp

DURATION

1 yr.10 mths.

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. _____

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. Franklin Birch M.D. or other _____
Thurmont, Md. Date signed 11/6/48



Miss Blanche S. Sykes
Adelmont, Ind.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11425 131

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Fredrick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County MontgomeryCity or town Boyd-Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elta Largent

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife J W Largent

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Oct 17 - 1879

8. AGE:

Years

Months

Days

If less than one day

6900

hrs.

min.

9. Birthplace

Carroll Co. Va
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

T. S. Cox

13. Birthplace

Va

MOTHER

14. Maiden name

Martha Huff

15. Birthplace

Va

16. Informant

Forest Jackson

Address

Laurel Fork, Va

17. Burial

(Burial, cremation, or reinterment. Which?)

Date thereof

11/19/48
(month) (day) (year)

Cemetery or

Cox Cemetery

Location

Dugbs Run, Va

18. Funeral director

William B. Hollon

Address

Barnesville, Md

19. Date rec'd by registrar

17 Nov 1948Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 1719 48at 6:05 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 719 48to Nov 1719 48and that I last saw him alive on Nov 1719 48

Immediate cause of death

DURATION

Coronary OcclusionSudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

EP Thomas

M. D. or other

Address

Fredrick Md

Date signed

11/19/48

RECEIVED

NOV 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11426

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Unionville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Unionville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Gideon T. Lease

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Dora M. Lease
 7. Birth date of deceased (mo., day, yr.) March 3, 1873 6. (c) If alive, give age 77 years
 8. AGE: Years 75 Months 8 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Maryland
 (Town, county, and state)
 10. Usual occupation Musical
 11. Industry or business Retired
 12. Name Gideon T. Lease
 13. Birthplace Maryland
 14. Maiden name Elizabeth Spouseless
 15. Birthplace Maryland

16. Informant Mrs. Dora M. Lease
 Address Unionville, Md.
 17. Burial Date thereof 11-10-48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Linganore
 Location Unionville, Fred. Co., Md.
 18. Funeral director E. M. Wertz
 Address Winfield, Md.

19. Nov 9 48 Charles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1948, at 4:30 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1948, to Nov 8 1948, and that I last saw him alive on Nov 7 1948.
 Immediate cause of death Thrombosis of rt femoral
 Due to Cerebral Hemorrhage
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE J. H. Legg M. D. or other
 Address Uniontown Date signed 11-8-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

11427

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue
 Since June, 1948

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 504 Magnolia Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

LILLIAN ELIZABETH LOOMIS

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced
W

6. (b) Name of husband or W. R. Loomis

7. Birth date of deceased (mo., day, yr.) March 12, 1863
 6. (c) If alive, give age..... years

8. AGE: Years 85 Months 8 Days 7 If less than one day
 hrs. min.

9. Birthplace Binghamton-New York
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William Schoolcraft13. Birthplace New York14. Maiden name Loretta Baker15. Birthplace New York16. Informant Dr. Bertha L. LoomisAddress 504 Magnolia Ave., Frederick, Md.

17. Removal Date thereof 11/22/48
 (Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory

Location Endicott, New York18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 20 Nov 19 48 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1948 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 15 19 48 to Nov 19 19 48
 and that I last saw him alive on Nov 18 19 48

Immediate cause of death Coronary Thrombosis
 DURATION 1 month

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

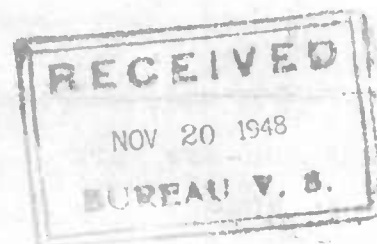
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Lumsden M. D.
 M. D. or other

Address Frederick, Maryland Date signed 11-20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

11428

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 70 yearsHospital, institution, or street address where death occurred:
405 Walnut St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 405 Walnut St.
(If rural, give LOCATION)

2. (a) if veteran, name war

3. (a) FULL NAME

Lillie Mae Lowery

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife David S. Lowery7. Birth date of deceased (mo., day, yr.) July 29th 1877

6. (c) If alive, give age years

8. AGE: Years 71 Months Days If less than one day
hrs. min.9. Birthplace Maryland
(town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name William Everhart13. Birthplace Virginia14. Maiden name Catherine Lapole15. Birthplace Virginia16. Informant Mrs. Edgar Dietz Jr.Address Brunswick Md.17. Burial Date thereof Nov. 30 1948
(month) (day) (year)Cemetery or crematory ReformedLocation Brownsville Maryland18. Funeral director B. N. Feeth as BroAddress Brunswick Md.19. Nov 29 48 Kathryn N. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November - 28 19 48 at 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 7 19 47 to Nov 28 19 48and that I last saw her alive on Nov. 20 19 48Immediate cause of death Coronary Heart Disease

DURATION

5 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

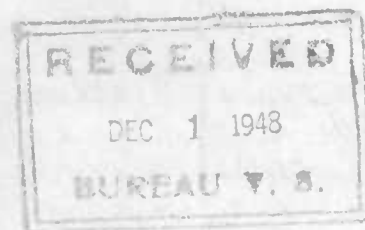
Means of injury Injured at work?

23. SIGNATURE W. B. Carpenter

M. D. or other

Address Brownsville Va Date signed 11/29/48

1948
71
1877



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since Nov. 15, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 105 West Second Street
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

CLARA WOODS MAGILL

3. (b) Social Security Number

220-10-5149

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Charles W. Magill7. Birth date of deceased (mo., day, yr.) February 6, 1888 6. (c) If alive, give age 60 years

8. AGE: Years 60 Months 9 Days 12 If less than one day
hrs. min.

9. Birthplace Lehigh, Pennsylvania
(Town, county, and state)10. Usual occupation Clerk

11. Industry or business

12. Name John H. Magill13. Birthplace Pennsylvania14. Maiden name Mary Moriority15. Birthplace Ireland16. Informant Mrs. Patrick SchnaufferAddress 105 W. 2nd St., Frederick, Md.17. Burial 11/20/48
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)Cemetery or crematory Eglington CemeteryLocation Clarksboro, New Jersey18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 18 Nov 1948 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18, 1948 at 11:15 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 1948 to Nov 18 1948
and that I last saw him alive on Nov 18 1948Immediate cause of death Coronary Thrombosis DURATION 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.Frederick, Maryland Date signed 11-18-48

RECEIVED

NOV 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 11430

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street address, hospital, or institution:
Frederick Memorial Hospital
 Length of mother's stay in County Life
 (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
 County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If RURAL give LOCATION)

3. Name of child Baby Boy Marker

5. Sex male 6. Twin or triplet —

4. Date of birth Nov. 6 1948 Hour 7:40 A.M.

7. No. of weeks pregnancy 26 weeks

FATHER OF CHILD

8. Full name Charles Austin Marker
 9. Color White 10. Age at time of this birth 24 yrs.
 11. Usual occupation Grocer

MOTHER OF CHILD

12. Full maiden name Catherine Elizabeth Joy
 13. Color White 14. Age at time of this birth 21 yrs.
 15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
 (b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 2

17. Did child die before labor? no During labor? no

18. Pregnancy, complications of Premature separation of Placenta

19. Labor: (a) Complications of None
 (b) Induced? no

20. (a) Was there an operation for delivery? no
 (b) State all operations, if any none (Yes or No)

(c) Did child die before operation? —
 During operation? —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes —
 (b) Maternal causes Premature separation of Placenta

22. I certify to the birth of this child who was born alive & died on the date and hour above stated.

Signature Bernard O. Thomas
 (Specify if M. D., midwife, or other)

Address Frederick, Md

23. (a) Burial (b) Date thereof 11-6-48
 (Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Reform

24. (a) Funeral director Blackhill
 (b) Address Middletown, Md.

25. (a) 6 Nov 1948 (b) Elizabeth H. Heath
 (Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.)
 The above certificate has been examined by me.

Health Officer, per _____

* See Instruction C on stub.

Child lived 3 minutes

V. S. A10

RECEIVED

NOV 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md. County Frederick
 City or town Walkersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)
 2.(a) if veteran, name war —

3. (a) FULL NAME

Nora W. Mc Kinney

3. (b) Social Security Number

4. Sex f 5. Color or race w 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or Armstrong Y. Mc Kinney

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1868
 6.(c) If alive, give age — years

8. AGE: Years 80 Months 3 Days 4 If less than one day — hrs. — min.

9. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation Housewife11. Industry or business —12. Name John H. Witter13. Birthplace Frederick Co.14. Maiden name Archie Baker15. Birthplace Frederick Co.16. Informant Mrs. Claybourne ZimmermanAddress Walkersville, Md.

17. Burial Date thereof Nov. 8, 1948
 (Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or crematory Mt. OlivetLocation Frederick18. Funeral director Y. C. BartonAddress Walkersville, Md.

19. 8 Nov 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1948 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1948 to Nov 6 1948
 and that I last saw him alive on Nov 6 1948

Immediate cause of death Pulmonary embolism
 DURATION

Due to —Due to —Other conditions Fracture femur

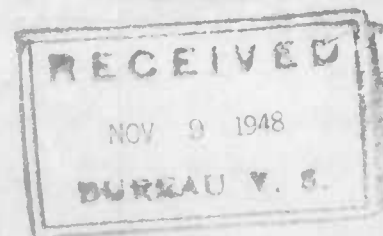
(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10/24/48Where did injury occur? Walkersville md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fall 12/21/48 Injured at work? —23. SIGNATURE S. E. Costin Day M. D. or otherAddress Walkersville, Md. Date signed Nov 8, 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick - rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 months

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. 24 Main St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harvey A. Miller

3. (b) Social Security Number

217-16-2029A

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Lou Robinson

7. Birth date of

deceased (mo., day, yr.)

January 15, 1870

6. (c) If alive, give age

years

8. AGE:

Years 78Months 9Days 12

If less than one day

hrs. min.

9. Birthplace

Thurmont Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

William Miller

12. Name

Thurmont, Md.

13. Birthplace

Mary Robinson

14. Maiden name

Thurmont, Md.

15. Birthplace

Mrs. Chester Miller

16. Informant

York Pa 703 Penna Ave

17. Address

Rural

18. Date thereof

Nov 9, 1948
(month) (day) (year)

19. Cemetery or burying place

United Brethren

20. Location

Thurmont, Md.M. J. Creager & SonThurmont, Md.9 Nov1948Elizabeth G. HeckRegistrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1948 at 64 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 20, 1947 to Nov. 7, 1948and that I last saw him alive on November 7, 1948

Immediate cause of death

Coronary thrombosis

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hunsaker M.D.Frederick, Md. M. D. or other Nov. 7, 1948

Address Date signed

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

NOV 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11433

Reg. Dist. No. 182

1. PLACE OF DEATH:

County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Elizabeth Miller

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Martin P. Miller
 7. Birth date of deceased (mo., day, yr.) Oct 1, 1864 8. (c) If alive, give age _____ years

8. AGE: Years 84 Months 1 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Hallsville, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation housewife

11. Industry or business _____

12. Name Elias Marken
 13. Birthplace Hallsville, Md.

14. Maiden name Rebecca Ann Gladhill
 15. Birthplace Hallsville, Md.

16. Informant Louise Miller
 Address Myersville, Md.

17. Burial Date thereof Nov 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery
 Location Middletown, Md.

18. Funeral director Gladhill Co.
 Address Middletown, Md.

19. November 8, 1948 Maria Gladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 19 48 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 19 Nov 4 19 48
 and that I last saw him alive on Nov 3 19 48

Immediate cause of death _____ DURATION _____

Due to General Arteriosclerosis
 Due to _____

Other conditions Bronchitis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J E Harp Md. M. D. or other
 Address Middletown Date signed 11-8-48

CERTIFICATE OF DEATH

STATE OF MARYLAND

COUNTY OF

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

OCCUPATION

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

RECEIVED
NOV 16 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town mt. Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Frederick
 City or town mt. Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Hallie L. Monath

3. (b) Social Security Number

4. Sex f 5. Color or race w 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or ~~was~~ August Monath
 7. Birth date of deceased (mo., day, yr.) Oct. 11, 1857 6.(c) If alive, give age _____ years
 8. AGE: Years 91 Months 1 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Frederick Bruckey13. Birthplace Frederick Co.14. Maiden name Elizabeth Main15. Birthplace Frederick Co.16. Informant John Christian MonathAddress Hagerstown, md.17. Burial Date thereof Nov 20 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Union ChapelLocation W. Liberty town18. Funeral director J.C. BartonAddress Walkersville, md.19. 19 Nov 1948 Elizabeth B. Hach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1948 at 10:55 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 7 - 1944 to Nov. 17 1948and that I last saw him alive on Nov 17 1948Immediate cause of death Myocarditis DURATION 2 yrs.

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

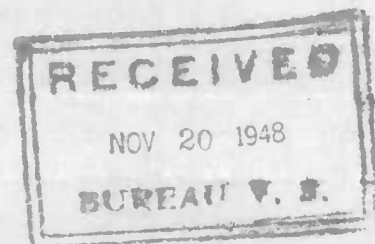
23. SIGNATURE Era H. Beall, M.D. M. D. or other _____Address Libertytown, Md. Date signed 11/19/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11435

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Rural Burkittsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 37

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural Burkittsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 1 mi. south of Burkittsville
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Fannie Butler Morris

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Robert Spentis Morris7. Birth date of deceased (mo., day, yr.) March 4 19116. (c) If alive, give age 47 years8. AGE: Years 37 Months 8 Days 11 If less than one day
hrs. min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name William Butler13. Birthplace Maryland14. Maiden name Edith Snyder15. Birthplace Maryland16. Informant Mrs William ButlerAddress Burkittsville Md.17. Burial Date thereof Nov 24 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory St. MarysLocation Pennsville Ind18. Funeral director C. H. Fetter & BroAddress Brunswick Md.19. Nov 22 48 Kathryn H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 NOVEMBER 1948 at 9:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
NEVER to 19 and that I last saw her dead on 20 NOVEMBER 1948Immediate cause of death
GUNSHOT WOUND OF BRAIN

DURATION

Instant

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

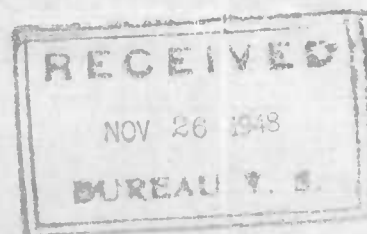
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 20 Nov. '48Where did injury occur? NR BURKITTVILLE, FREDERICK, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) OWN HOMEMeans of injury RIFLE WOUND Injured at work? No23. SIGNATURE Charles H. Corley Jr. M.D.
and Dis. med. Exam. M. D. or other
Address Frederick Md Date signed 21 Nov 1948



2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 121

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
219 East Sixth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 219 East Sixth Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN H. MUNSHOWER

3. (b) Social Security Number

None 214-10-2049

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Laura Fraley Munshower6. (c) If alive, give age 81 years7. Birth date of deceased (mo., day, yr.) August 22, 18748. AGE: Years Months Days If less than one day
74 2 20 hrs. min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Mrs. John H. MunshowerAddress 219 E. 6th St., Frederick, Md.17. Burial Date thereof November 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 12 Nov 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11th 1948 at 7:05 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 1948 to Nov. 11 1948and that I last saw him alive on Nov. 10 1948

Immediate cause of death

DURATION

Intestinal Infarction 4 hr.

Due to

Due to

Other conditions Myocardial Infarction

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Heck 11/12/48Address Frederick, Md. Date signed 11/12/48

RECEIVED

NOV 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 144

1. PLACE OF DEATH:

County.. Fredrick
 City or town.. Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town.. Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Water Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Emanuel Myers

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sarah Frances Myers

7. Birth date of

deceased (mo., day, yr.)

November 27, 1860

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

871116

hrs.

min.

9. Birthplace

Emmitsburg, Fredrick Co. Md.
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

MOTHER

12. Name

Marie Myers

13. Birthplace

Emmitsburg, Md.

14. Maiden name

Lidia Izet Myers

15. Birthplace

Emmitsburg, Md.

16. Informant

Wm. Maurice Pletzell

Address

Lantz, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

Nov. 15, 1948
(month) (day) (year)

Cemetery or crematory

Blue Ridge

Location

Thurmont, Md.

18. Funeral director

M. L. Cresque & Sons

Address

Thurmont, Md.

19.

Nov. 15 1948
(Date rec'd by registrar)Blanche S. Eyer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 13 1948at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 13 1948, to Nov. 13 1948and that I last saw him alive on Nov. 13 1948

Immediate cause of death

Cerebral Thrombosis

DURATION

2 hrs.

Due to

Cerebral Arteriosclerosis10 yrs.

Due to

2. faintness ofold age
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James GrayM.D.

M. D. or other

Address Thurmont, Md.Date signed 11/15/48

RECEIVED

NOV 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11438

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH:

County... Frederick

City or town... Mt. Airy, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 38 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)Street No... Hill Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Charles A. Ogle

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Corrie C. Ogle

deceased

6. (c) If alive, give age... years

7. Birth data of deceased (mo., day, yr.)

July 25, 1872

8. AGE:

Years

Months

Days

If less than one day

76

3

15

hrs.

min.

9. Birthplace

Frederick Co. Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Ephraim Ogle

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary P.

15. Birthplace

Maryland

16. Informant

Mrs. W. L. Browning

Address

Mt. Airy, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 11-12-48
(month) (day) (year)

Cemetery or crematory

Linganore

Location

Unionville, Fred. Co. Maryland

18. Funeral director

C. M. Walters

Address

Winfield, Md.

19.

Nov. 11 19 48

(Date rec'd by registrar)

Clarence A. Runkles

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 10 19 48 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 12 19 46 to Nov 10 19 48

and that I last saw him alive on Nov 10 19 48

Immediate cause of death

Carcinoma of Prostate with General Metastasis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. M. Walters

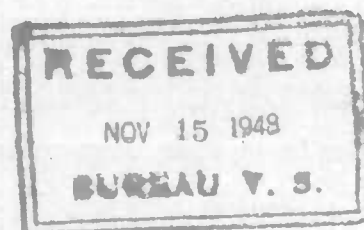
M. D. or other

Address... Mt. Airy, Md. Date signed... 11-10-48

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Be 11439

FILM No. G 110 NOV 26 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
City or town... Maryland State Sanatorium
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/3/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 1/3/45

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County.....
City or town... Baltimore 18, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 709 E. 41st St.
(If rural, give LOCATION)
2. (a) If veteran, name war..... ☒

3. (a) FULL NAME

Beatrice F. Owings

3. (b) Social Security Number

215-07-8059

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife.....
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) January 17, 1901
8. AGE: Years 47 Months 4 Days 3 (If less than one day) hrs. min.
9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual occupation Bookkeeper
11. Industry or business
12. Name Samuel T. Owings
13. Birthplace Friendship, A.A. Co., Md.
14. Maiden name Beatrice Boyd
15. Birthplace Baltimore, Maryland

16. Informant Patient
Address.....
17. Burial Date thereof Nov 24, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Lorraine Cem.
Location Baltimore, Md.
18. Funeral director M. L. Creager & Son.
Address Thurmont, Md.
19. (Date rec'd by registrar) 19..... Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22, 1948 at 4:20 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/3/45 to Nov. 22, 1948
and that I last saw him/her alive on November 22, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 5 Years

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 8 months of death)
Major findings of operations.....
Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. W. Ballin M. D. or other xxxx
Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 313 East Church Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

GEORGE WILLIAM ROBINSON

3. (b) Social Security Number

None4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 19448. AGE: Years 4 Months 6 Days 27 If less than one day
..... hrs. min.9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

12. Name George W. Robinson13. Birthplace Frederick County Maryland14. Maiden name Frances E. Orem15. Birthplace Frederick County Maryland16. Informant George W. RobinsonAddress 313 E. Church St., Frederick, Md.17. Burial Date thereof 11/9/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison & SonAddress Frederick, Maryland19. 9 Nov 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1948 at 3:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 29, 1948 to November 7, 1948
and that I last saw him alive on Nov. 7, 1948Immediate cause of death Meningitis, Influenza DURATION 8-10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

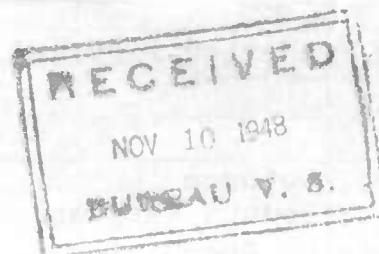
23. SIGNATURE Howard W. Ash M. D.Frederick, Maryland Date signed 11-8-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred:
Prospect St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Prospect St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

H. Edward Rudy

3. (b) Social Security Number

7

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Ether O'Real Rudy

7. Birth date of deceased (mo., day, yr.)

July 29, 1879

8. (c) If alive, give age

49 years

8. AGE:

Year

Months

Days

If less than one day

69315

hrs.

min.

9. Birthplace

Middletown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

bus driver

11. Industry or business

FATHER

12. Name

George Rudy

13. Birthplace

Middletown, Md.

MOTHER

14. Maiden name

Eleanor Cochran

15. Birthplace

Middletown, Md.

16. Informant

Mrs. Ether Rudy

Address

Middletown, Md.

17.

Burial

Data thereof

Nov 17, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Reformed Cemetery

Location

Middletown, Md.

18. Funeral director

Gladhill G.

Address

Middletown, Md.

19.

Nov 17, 1948Wm Gladhill

Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1948 at 2:10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1 1947 to Nov 14 1948and that I last saw him alive on Nov 14 1948

Immediate cause of death

DURATION

Coronary Occlusion10 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J E HarpMd

M. D. or other

Address

MiddletownDate signed 11-16-48

CERTIFICATE OF DEATH

PLACE OF DEATH

RECEIVED

NOV 24 1948

BUREAU V. S.

IF SUBMITTED FOR THE PURPOSE OF OBTAINING A DEATH CERTIFICATE, THE DEATH CERTIFICATE WILL BE ISSUED TO THE PERSON WHO HAS BEEN DESIGNATED AS THE PERSON TO WHOM THE DEATH CERTIFICATE IS TO BE ISSUED.

STATE OF MARYLAND

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11442

Reg. Dist. No. 137

1. PLACE OF DEATH: Frederick Co
 County.....
Frederick
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 121 yr
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name was.....

3. (a) FULL NAME Addie Olene Saylor 3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife William Henry Saylor

7. Birth date of deceased (mo., day, yr.) 3-25-1890 8. (c) If alive, give age..... years

8. AGE: Years 78 Months 7 Days 9 If less than one day..... hrs. min.

9. Birthplace Templeton, Md.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Emmell Brandenburg

13. Birthplace Md

14. Maiden name Annie Johnson

15. Birthplace Unknown

16. Informant Paul Saylor

Address Frederick Md

17. Burial Date thereof 11-7-48
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory W Hope

Location Frederick

18. Funeral director Samuel F. Knight

Address Union Bridge Md

19. 48 (Date read by registrar) 20. Walker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 26 1948 to Nov 4 1948 and that I last saw him alive on Nov 4, 48 1948

Immediate cause of death Myopathy

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Samuel E. Eastwood M. D. or other

Address Walker Date signed Nov 7 48

1870-3-22

78-7-7

1948-X-X
10-34

RECEIVED
NOV 9 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11443

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Fredrick
 City or town Rocky Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Rocky Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Elizabeth Eleanor Schildt

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife James E. Schildt
 6.(c) If alive, give age 76 years
 7. Birth date of deceased (mo., day, yr.) March 5, 1869

8. AGE: Years 79 Months 8 Days 14 If less than one day _____ hrs. _____ min.

9. Birthplace Rocky Ridge, Fred., Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Stambaugh
 13. Birthplace Keyville, Md.

14. Maiden name Eliza Wickham
 15. Birthplace Woodboro, Md.

16. Informant James E. Schildt
 Address Rocky Ridge

17. Burial Date thereof Nov 22 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory mt. Tabor
 Location Rocky Ridge

18. Funeral director M. H. Crelson & Son
 Address Thurmont, Md.

19. Nov. 22 19 48 Blanche S. Eyles
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19, 1948 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 5 1947, to November 9 1948, and that I last saw him alive on November 19 1948

Immediate cause of death _____ DURATION _____

Carcinomatosis 2 yrs.

Due to carcinoma of uterine cervix

Due to _____

Other conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations Biopsy of cervix Date of op. July 1947

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. Franklin Smith M. D. or other _____

Address Thurmont, Md. Date signed 11/20/48

FILED

V. S.

RECEIVED

NOV 24 1948.

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 146

1. PLACE OF DEATH:

County FrederickCity or town Smithsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Smithsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Alvin Ernest Sensenbaugh

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Mrs. R. Sensenbaugh

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Feb. 18, 1871

8. AGE:

Years

77

Months

9

Days

6

If less than one day

_____ hrs. _____ min.

9. Birthplace

Hallsville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

James C. Sensenbaugh

13. Birthplace

Hallsville, Md.

MOTHER

14. Maiden name

Aranda Morgan

15. Birthplace

Hallsville, Md.

16. Informant

Mrs. Daniel Ott

Address

Smithsburg, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Mar 19, 1948
(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Hallsville, Md.

18. Funeral director

Gladhill Co.

Address

Middletown, Md.19. Nov. 19

(Date rec'd by registrar)

19. 48D. Edgar Bitt

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 1719. 48, at 1:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 419. 48, to Nov19. 48

and that I last saw him alive on _____ 19. _____

Immediate cause of death

Carcinomatosis

DURATION

3 wks

Due to

Carcinoma of larynx

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. G. K. O. S.

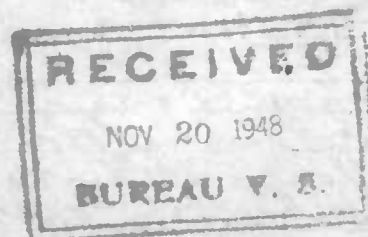
M. D. or other

Address

Smithsburg

Date signed

11/17/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **144**

1. PLACE OF DEATH:

County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Frederick
City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.D. 1
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Lilla Etta May Shaw

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Walter Shaw

7. Birth date of deceased (mo., day, yr.) June 25, 1879
6. (c) If alive, give age years

8. AGE: Years 69 Months 4 Days 30 It less than one day hrs. min.

9. Birthplace Thurmont - Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John D. Demer

13. Birthplace Thurmont, Md.

14. Maiden name Catherine A. Demer

15. Birthplace Thurmont, Md.

16. Informant Mrs. Geraldine Demer O'Brien
Address Thurmont, Md.

17. Burial Date thereof Nov. 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick, Md.

18. Funeral director M. S. Cragg & Son
Address Thurmont, Md.

19. Nov. 19 1948 Blanche S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18, 1948 at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 6, 1948 to November 18, 1948 and that I last saw him alive on November 17, 1948

Immediate cause of death Cerebral hemorrhage DURATION 12 days

Due to Hypertension

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. J. Frank M. D. or other

Address Thurmont, Md. Date signed 11/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 1919

Hospital, institution, or street address where death occurred:

Near Urbana

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Urbana
 (If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

ERNEST WILLIAM SHRY

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single , married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Dora V. Horman
 7. Birth date of deceased (mo., day, yr.) October 11, 1877
 6. (c) If alive, give age 66 years

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>10</u>	hrs. min.

9. Birthplace Nr. Lucketts-Loudoun-Virginia
 (Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
 12. Name John W. Shry
 13. Birthplace Loudoun County Virginia
 MOTHER
 14. Maiden name Priscilla McKimney
 15. Birthplace Loudoun County Virginia

16. Informant Mrs. Dora ShryAddress R. F. D. #2, Frederick, Md.

17. Burial Date thereof 11/24/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~burial~~ Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 22 Nov 1948 Elizabeth B. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1948 at 9:15P.

21. Sept 18 1948 that death occurred on the date above stated; that I attended deceased from Nov 1 1948
 and that I last saw this alive on Nov 21 1948

Immediate cause of death

Coronary ThrombosisDURATION
9/18/48

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

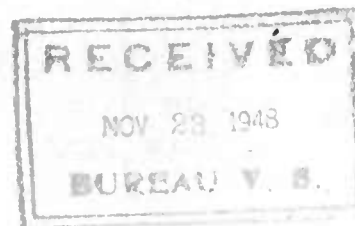
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D.

Frederick, Maryland Date signed 11-22-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

11447

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

422 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 611 Chapel Alley
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

GOLDIE MAY UNGLEBOWER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife Maurice Unglebower

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 13, 1891

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>0</u> hrs. min.

9. Birthplace Yellow Springs-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Hospital Employee

11. Industry or business Frederick Memorial Hospital

FATHER 12. Name Charles W. Stone
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Ida Engle
15. Birthplace Frederick County Maryland

16. Informant Maurice Unglebower
Address 611 Chapel Alley, Frederick, Md.

17. Burial Burial Date thereof 11/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Lukes Cemetery

Location Feagaville, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 15 Nov 19 48 Elizabeth G. Hack
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13, 1948 at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 12 19 48 to Nov. 13 19 48
and that I last saw him EV alive on Nov. 13 19 48

Immediate cause of death

Pulmonary edema

DURATION

10 minutes

Due to Hypertensive Cardio-vascular disease

10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hennepf M. D.
Address Frederick, Maryland Date signed 11-15-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

11448

1. PLACE OF DEATH:
County Frederick
City or town Maryland Tuberculosis Sanatorium
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 9/8/48
Hospital, institution, or street address where death occurred:
State Sanatorium, Maryland
How long in hospital or institution? Since 9/8/48

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balto. Co.
City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1702 Rittenhouse Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war ☒

3. (a) FULL NAME

John Weber

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) December 10, 1876
8. AGE: Years 71 Months 11 Days 5 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual occupation Road work
11. Industry or business
12. Name William Weber
13. Birthplace Baltimore, Maryland
14. Maiden name Mary Krueger
15. Birthplace Baltimore, Maryland
16. Informant Nephew-John W. Smith
Address 1702 Rittenhouse Ave. Balto., Md

17. Burial Date thereof 11/8/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Medon Ridge C.
Location Wash. D.C.
18. Funeral director Edward Lourey
Address 2359 Wash. Blvd
19. 11-6 48 W. H. Hagen
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1948 at 1:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 8, 1948 to Nov. 5, 1948
and that I last saw him alive on November 5, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 14 mos.

Due to
Due to
Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE R. W. Ballin M. D. or other XXXX
Address Date signed

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 8 1946

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Rural - Ijamsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural - Ijamsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

JAMES CARROL WERKING

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteSingle

6. (b) Name of husband or wife:

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 18, 19348. AGE: Years Months Days If less than one day
13 11 5 _____ hrs. _____ min.9. Birthplace Lovettsville, Virginia
(Town, county, and state)10. Usual occupation School Student

11. Industry or business

12. Name Warden W. Werking13. Birthplace Loudoun County, Virginia14. Maiden name Ella E. Rollison15. Birthplace Loudoun County, Virginia16. Informant Mr. Warden W. WerkingAddress Ijamsville, Maryland17. Burial Date thereof November 26, 1948
(Burial, cremation, or removal of remains) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Lovettsville, Virginia18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 24 Nov 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1948 at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ to _____
and that I last saw him dead Nov 24 1948
alive on _____Immediate cause of death Gun shot wound of chest

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11-23-48Where did injury occur? near Unknown, Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) FarmMeans of injury 12 Ga. Shotgun Injured at work? no23. SIGNATURE R. W. BaerAddress Frederick, Md. Date signed 11-24-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write the correct age in especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11450

Reg. Dist. No. 144

1. PLACE OF DEATH: Frederick

County.....

City or town.....Thurmont

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....8 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland.....County.....Frederick

City or town.....Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

CHERRY FORD WHITE

3. (b) Social Security Number

4. Sex.....Female

5. Color or race.....White

6. (a) Single, married, widowed, or divorced.....Widowed

6. (b) Name of husband or wife.....John K. White

7. Birth date of deceased (mo., day, yr.).....December 30, 1875

6. (c) If alive, give age.....years

8. AGE: Years.....72 Months.....11 Days.....0

If less than one day.....hrs.min.

9. Birthplace.....Salt Lake City, Utah.

(Town, county, and state)

10. Usual occupation.....Artist

11. Industry or business.....Personal-Portrait

12. Name.....unknown---Ford.

13. Birthplace.....Utah

14. Maiden name.....unknown---Young

15. Birthplace.....Utah

16. Informant.....Dorothy White

Address.....Thurmont, Md.

17. Cremation.....Def. 2, 1948

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory.....Lee Creamatory

Location.....Washington, D. C.

18. Funeral director.....M.L. Creager & Son

Address.....Thurmont, Md.

19. Dec. 2, 1948

(Date rec'd by registrar)

Blanche S. Eyles

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....November 30, 1948, at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29, 1948, to Nov. 30, 1948

and that I last saw her alive on Nov. 29, 1948

Immediate cause of death.....Coronary occlusion

DURATION.....12 hr

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....(City or town).....(County).....(State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....James H. Gray

M. D. or other

Address.....Thurmont, Md. Date signed.....12/1/48

RECEIVED

DEC 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

11451

1. PLACE OF DEATH:

County Frederick
 City or town Rural Belts Mills
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Farm
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Belts Mills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Farm
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Charles Wesley Wolf

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Lydia Stinner Addison 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Sept. 25 1869
 8. AGE: Years 79 Months 1 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
Farm
 10. Usual occupation
 11. Industry or business
 12. Name George Wolf
 13. Birthplace Maryland
 14. Maiden name Cordelia Roberts
 15. Birthplace Maryland

16. Informant Harry W. Wolf
 Address Burnsville Md.
 17. Burial Date thereof Nov 18 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory United Brethren
 Location Thurmont Maryland
 18. Funeral director C. H. Fritz & Bros
 Address Burnsville Md.

19. Nov 17 48 Kathryn H. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 8

20. DATE OF DEATH Nov 15 1948 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5 1948 to Nov 15 1948 and that I last saw him alive on Nov 13 1948

Immediate cause of death Chronic disease DURATION chronic

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

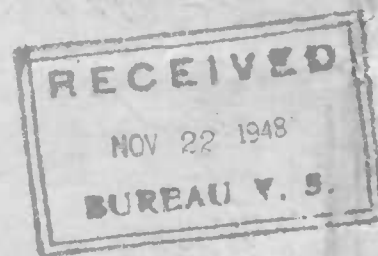
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

23. SIGNATURE _____ M. D. or other _____

Date signed 11/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town Saballsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Saballsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Lula M. Working

3. (b) Social Security Number

4. Sex Female white 5. Color or race married 6. (a) Single, married, widowed, or divorced
 6. (b) Name of husband or wife Rockford Working
 7. Birth date of deceased (mo., day, yr.) March 6, 1891 6. (c) If alive, give age 60 years
 8. AGE: Years 57 Months 8 Days 13 If less than one day
 9. Birthplace Eyles Valley, Frederick Co. Md.
 (Town, County, and state)
 10. Usual occupation House wife

11. Industry or business

12. Name Eugene McRissick
 13. Birthplace Frederick Co. Md.
 14. Maiden name Bessie Eyles
 15. Birthplace Frederick Co. Md.
 16. Informant Mrs. Eva Mayler
 Address Saballsville, Md.
 17. Buried Date thereof 11/22/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Jacobs Ref. Church Cemetery
 Location Frederick, Pa.
 18. Funeral director Kalte & Sons
 Address 27 S. Church St. Waymaring Pa.
 19. (Date rec'd by registrar) 19 _____ Registrar Lyon?

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 November 19 48 at 3 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 November 19 48 to 19 Nov. 19 48
 and that I last saw E.R. alive on 19 November 19 48
 Immediate cause of death Cardiac Failure DURATION 2.4 hours
 Due to Arteriosclerosis Cardiac
vascular disease
 Due to _____
 Other conditions Urinary Incontinence
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Robert J. Lyon, M.D. M. D. or other
 Address Blue Ridge Summit Pa. Date signed 20 Nov 48

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NOV 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

950

11453

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 18 Years
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? About 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 158 B. & O. Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3.(a) FULL NAME

EUGENE H. WRIGHT

3.(b) Social Security Number

217-10-9844

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteMarried6.(b) Name of husband or wife Altia M. Winpigler Wright6.(c) If alive, give age 55 years7. Birth date of deceased (mo., day, yr.) August 5, 18908. AGE: Years Months Days If less than one day
58 3 14 hrs. min.9. Birthplace Lebanon, Pennsylvania
(Town, county, and state)10. Usual occupation Painter

11. Industry or business

12. Name William Wright13. Birthplace Pennsylvania14. Maiden name Frances Warthen15. Birthplace Maryland16. Informant Mrs. Eugene H. WrightAddress 158 B. & O. Ave., Frederick, Md.17. Burial Date thereof November 21, 1948
(Burial, cremation, or removal: Which?) (month) (day) (year)Cemetery or ~~cemetery~~ Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 20 Nov 1948 Elizabeth G. Heale
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19th 1948, at 9:00 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 5 1948, to Nov. 19 1948, and that I last saw him alive on November 19 1948.

Immediate cause of death

Regenerative heart disease

DURATION

Due to chronic cor pulmonale

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

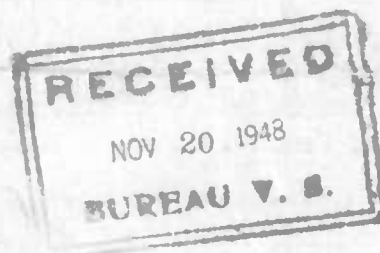
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodward M.D. M. D. or otherAddress Frederick, Md. Date signed 11/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

11454

131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 615 Chapel Alley
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Sadie Gertrude Young

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Herman H. Young7. Birth date of deceased (mo., day, yr.) Nov 28 - 18896. (c) If alive, give age 54 years8. AGE: Years 59 Months 0 Days 2 It less than one day
..... hrs. min.9. Birthplace Middletown, Frederick Co. Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Jacob D. Minnick13. Birthplace Middletown, Md.14. Maiden name Cora Betzenbender15. Birthplace Frederick, Md.16. Informant Herman H. YoungAddress 615 Chapel Alley, Frederick Md.17. Burial (Burial, cremation, or removal, Which?) Date thereof 11-3-48
(month) (day) (year)Cemetery or crematory Unionville CemeteryLocation Unionville, Md.18. Funeral director Chadhill Co.Address Middletown, Md.19. 2 Dec 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 194821. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to Nov 30, 1948and that I last saw her alive on November 30, 1948Immediate cause of death Cerebral Hemorrhage

DURATION

3 hrsDue to HypertensionDue to Renal Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. C. M. S.Address Frederick Md. Date signed 12/1/48

M. D. or other

RECEIVED

DEC 4 1948

MOREAU, V. A.